PTO/58/08 (06-03)

-Approved for use through 7/31/2005, CMS 0551-0032
U.S. Potent and Trademati Officer U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Chilib control number.									
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application 9/8/07/06		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OTHER THAN SMALL ENTITY	
FOR MANGER FALED MANGER EXTRA				RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))				-	į	OR			
TOTAL CLAIMS (SF CFR 1.16(d) minus 29 = *			×			OR	× ••		
DOGPOCIONI CLAIMS (37 CFR 1.1800)	minus 3 s	7	7		5*		OR_	2	
SEATURE DEPENDENT CLAUS PRESENT (67 CFR 1,1864)				T	<u>.</u> .		OR.	+5=	
* If the difference in column 1 is less than zero, enter "O" in column 2.				_	TOTAL		QR	TOTAL	
CLAIMS AS AMENDED - PART II									
1 1-29-15 (Column 1) (Column 2) (Column 3)					SMALLE	ENTITY	OR	OTHER SMALL	
	CLABAS EMANING AFTER ENOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FRE		RATE	ADOI- TIONAL FEE
O to cue cration	Minus .	20		×	3•		OR	x 8	
MA back rated and bac	Alines .	:3		×			OR	× • •	
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR L1RQ)				T.			OR.	•	
amp1.422) 1-124					OTAL OOL FEE		OR	TOTAL ADDL FEE	791)
(Cotumn 1) (Cotumn 2) (Cotumn 3)							,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
® R	CLAINS EMAINING	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ACCI- TIONAL FEE		RATE	ADOI- TIONAL FEE.
O Chouse makes	Mirsus -	as	• 1	×			OR	x 4	/
	Alinus -	-3	•	×			OR.	X 8=	']_
FIRST PRESENTATION OF MALTPLE DEPENDENT CLAIM (27 CPR 1.18(4))					•		OR	+8	
·					OTAL OOL FEE	ı	OR	TOTAL ADD'L FEE	(
(Column 1) (Column 2) (Column 3)									
	CLAIMS EMARIBIO AFTER P ENDMENT	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TRONAL FEE		RATE	ADDI- TIONAL FEE
Grafet, Marco	) Minus	2 フ	•	X.	•		OR	X 8	
MA (Sacration Control of Control	5 Minus	4	·/	×	<u>.</u> .		OR	<b>200</b>	200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (27 CFR 1.14(4))							OR	+ 4 =	
				AC	OL FEE		OR	TOTAL ADD'L FEE	200
" If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Paid For" In THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" In THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.18. This collection is estimated to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.18. This collection is estimated to bate 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form analyte suggestions for reducing this burden, chould be sent to the Chief Information Officer, U.S. Peterol and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.